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Center for Strategic and International Studies (CSIS)

Global Health Policy Center

“Advancing Maternal and Child Health in the Developing World”

Good morning.

I greatly appreciate the opportunity to be asked by CSIS to speak about global health and specifically the health needs of women and children in the world's poorest countries.

Let me start by thanking and congratulating CSIS and Steve Morrison for the on-going commitment to elevate the importance of global health. The work here is essential to the examination of U.S. foreign policy and the health investments our country is making around the world. CSIS's global health effort is impressive and really important.

Many of you are here today because you are working to improve basic health care for women and children across the developing world. Thank you for all that you do. Your work may be to prevent needless deaths or to create opportunities for tens of millions to achieve a basic quality of life in which

extreme poverty, hunger, disease, and suffering are defeated. It is all important work and we need you to keep fighting.

Let me open my remarks with a single sentence from last week's G8 Global Health Experts Report:

"Women and children are among the most vulnerable groups and progress toward the MDGs related to maternal, newborn and child health remains too slow."

Let me repeat that last part again..."progress toward the MDGs related to maternal, newborn and child health remains too slow."

Let me rephrase that in another way, 25,000 newborns and children under-five died yesterday, are dying today, and will die tomorrow – and everyday for the foreseeable future. One thousand-five hundred mothers will die during pregnancy or after delivery today, tomorrow, and everyday for the foreseeable future.

Is progress to end needless, preventable deaths progressing too slowly?

Of course it is. We don't need a G8 global health report to tell us this.

What the G8 should do is ask the mother and father of one of the more than nine million children who died last year if progress has been too slow. Or, they could ask the orphaned children whose mother was one of the more than half million women who die every year from a pregnancy related death.

So what are we – the richest nation and the other donor nations – doing to significantly reducing child and maternal mortality while investing in building sustainable health systems?

Unfortunately, not enough in my opinion.

Taking on the challenge of achieving MDG 4 to reduce children mortality (by two-thirds) and MGD 5 to reduce maternal

mortality (by three-quarters) is a goal that could be accomplished if the world community invests and acts.

The goals are doable. But the fate of millions of women and children cannot be just a talking point in a speech or a summit declaration. We need to do more than just talk about the MDGs.

With regard to maternal and child health inspiring action may be our biggest challenge.

Ministries of Health in Sub-Saharan Africa and South Asia understand that women and children are dying in massive numbers in their countries. The development and global health community understand the problem. Everyone in this room understands the situation.

We don't need to wait for a miracle drug or a great technological breakthrough to deliver an essential package of interventions that can save the lives of millions of children and hundred of thousands of women every year. We are delivering those interventions today. And it is being done all around the world right now, but it does need to be scaled up and sustained.

We know skilled birth attendants are needed at all births and we know how to recruit and train them.

We know expanding access to family planning and child spacing improve the health of women and their children.

We know exclusive breast feeding, immunizations for measles, Vitamin A, and bed nets have combined to save millions of lives over past decade.

We know the work of GAVI, the Global Fund, UNICEF and UNFPA are saving lives.

And, we know USAID has been making major contributions to maternal and child health, as well as reproductive health, for decades. Tens of millions of people are alive today because of the child health programs implemented by USAID and paid for by the American people over the past forty years. We need to celebrate this tremendous success.

All of you here today know every imaginable statistic and fact about the lack of maternal and child health care, the medical consequences, and the human cost. A lack of data is not the problem.

So let's look at maternal and child health from a different perspective. What don't we know?

This is a harder question.

Something must be missing if we know how to solve such a serious problem, save lives, and yet, children and moms are still dying needlessly.

Let me throw out a few questions for you to think about, because I am looking for answers myself.

Where is the urgency to save the lives of children and mothers?

Where is the political will to invest in the lives of children and mothers?

And does anybody know or care to know the names or the faces of those babies and women who are dying needlessly at this very moment?

These are the questions we need to answer if we are going to translate the endless reports, policy papers and strategic plans into the advocacy, inspiration, investments, and action needed to save lives.

I am looking for answers and I am looking to you to help find them.

I am one voice and vote in the House of Representatives – there are 434 other voices and votes as well. Is child or maternal survival a priority issue for Congress? We know it's not but can it be much more of a priority?

Imagine the possibility of a terrorist attack in which 5 million children were at risk, but we knew how to prevent the attack and we knew it would cost \$5 billion to save those lives. Would Congress spend the money? Of course we would – even the Blue Dogs would vote for it.

Unfortunately, the terror that strikes millions of parents who watch their children die from malnutrition or malaria is not the same terror that inspires Congress. The real sense of urgency may need to start beyond Washington, in the very countries in which women and children are dying at unacceptable rates.

For example, India and Pakistan have billions of dollars to spend on advanced military hardware including nuclear arsenals and yet tens of millions of their citizens live in abject misery and die for no reason other than they are poor.

Nigeria, a petroleum exporter, leads the African continent in the number of mothers and children dying each year. This should be a source of shame for such an African power.

Where is the urgency in India, Pakistan, or Nigeria to invest in their own citizens' lives? And, if they aren't willing to make their own children's lives a priority, how do I convince my constituents to make their kids a priority?

Clearly the lack of urgency from the very countries where women and children are dying translates directly into a lack of political will.

Since the whispers of dying moms and children are not heard by politicians in Ethiopia, Zambia, Afghanistan, or the United States, there should be no expectation that preventing these deaths will be a political priority any time soon.

For example, where is the urgency among nations of Sub-Saharan Africa to lobby Congress to save the lives of their own citizens? If Africa's presidents are not prioritizing maternal child health their ambassadors in Washington will not be knocking on Congress's door asking for increased appropriations.

No urgency translates into a lack of political will which in turn

means limited resources and more needless deaths – a self-perpetuating cycle.

How will the NGO, think tank, and advocacy community help to break this cycle? I want to hear from your ideas.

Here at home, is there the political will for the U.S. to be the global champion for women and children?

The Obama Administration has demonstrated the ability to understand and articulate a global health vision. There have been numerous positive statements regarding maternal child health.

The Administration's leadership would be essential for any major increase in investments for maternal child health in FY2011. But that requires the President to nominate someone to lead our nation's international development efforts. It is critical the a USAID administrator get in place as soon as possible.

How to inspire the political will – in the U.S. and around the world – is something the child and maternal health advocacy community needs to think long and hard about.

This is an area where policy, politics, and pressure need to come together to make real change.

Unless a new model of grassroots advocacy, political engagement, lobbying of Congress and the White House, and real pressure from Americans all across this country takes place – from school children to church groups to civic organizations –

I am afraid maternal and child health will stagnate as an issue and we will not be successful at appropriating the increased dollars needed to save lives.

The reality we are facing is that the political and policy success of the global HIV/AIDS community has put a real squeeze on all other global health accounts.

In the House FY2010 State and Foreign Operations Appropriations bill we invested \$7.8 billion for global health with seven out of every ten dollars going to HIV prevention, treatment or care. With regard to treatment, PEPFAR has created a global health entitlement program that means a person's lifetime treatment for HIV takes priority over other health investments, like child and maternal health. The cost is not only financial, but trade offs are being made that can be counted in lives lost – too many lives.

As Congress goes through our own domestic health care reform all of my colleagues and I have heard first hand stories from countless constituents about their challenges accessing or affording quality health care. Those stories and the people who tell them demonstrate the real need for health care reform.

Who are the mothers and fathers and children we are willing to invest our tax dollars, our energy and our ideas to build healthier families and communities in far away places? Unless we can make these lives real – less of a statistical abstraction – tens of millions of children and millions of mothers will continue to die.

Last week Nicholas Kristof wrote in his New York Times column

that “humanitarians are abjectly ineffective at selling their causes.”

He went on to say, “I also wonder if our unrelenting focus on suffering and unmet needs stir up a cloud of negative feelings that incline people to avert their eyes and hurry by. Maybe we should emphasize the many humanitarian successes, such as falling child mortality rates since 1990 – which mean that 400 children’s lives are saved every hour, around the clock.”

If Mr. Kristof is correct in his assessment, then we should be championing successes – every toddler who is now a teenager because of access to basic healthcare, good nutrition and clean water.

It is absolutely remarkable to know that there are circumstances in which for a few hundred dollars invested in the right place, at the right time, with the right intervention available – an illness can be prevented, an infection can be treated, a mother can deliver a child safely. Hundreds of thousands of American citizens are contributing their own money to NGOs to make a difference in the life of a family or person they don’t even know.

If those Americans can be mobilized to make child and maternal health a priority for President Obama and Congress

then the power of the American people and our tax dollars will save lives – millions of lives.

As we all know there are many competing development challenges that require resources and collectively contribute to making poor communities healthier, more successful, and better prepared to meet the opportunities of the future. Whether it is basic education, agriculture development, clean water, or maternal and child health, we need to make smart investments that produce results and demonstrate to the American people real improvements in real people's lives.

Let me conclude by asking for your ideas and suggestions about how to mobilize and inspire action from the American people, Congress, the White House, as well as foreign leaders to make maternal and child health a global priority. I would like the opportunity for a dialogue on what NGOs, donors and policy makers can do to energize, mobilize and communicate more effectively on this issue.

As all of you know, I am the author of H.R. 1410 – The Newborn, Child, and Mother Survival Act – which authorizes the development of a U.S. strategy to reduce child and maternal mortality and implementation of the strategy by USAID.

It is a good bill, but it's not enough.

We need a campaign – a movement – in support of the millions of children and women's lives we can save if we only try.

We need action in Congress and parliaments in donor and developing countries.

We need to organize parents and children as activists.

We need to motivate and mobilize a political movement that will create the support for the resources to allow investments in interventions that will save lives, change communities, and transform our future.

I am committed to making pregnancy, child birth and a newborn's start in the world safe, healthy and a joy for every family – even the poorest of families in the poorest of countries.

We have a lot of work to do to make this vision a reality and I look forward to hearing your ideas about how we can get moving.

Thank you.